Please turn in ALL Verification Documents **AS SOON AS POSSIBLE.
Financial Aid will **NOT PAY OUT** until verification is COMPLETE.

2028
FA V DISABILITY RESOLUTION
F0DS_E

Last Name _____ First Name _____ M.I. _____ Student Number _____

DISABILITY RESOLUTION

Student Section-

- In order to receive Direct Stafford Loans after other federal educational loans have been discharged due to total and permanent disability, I understand that I must provide a physician's certification that I am able to engage in "substantial gainful activity" such as working or attending school.
- In addition, I must verify that any new loans received after the original discharge for permanent disability cannot be canceled in the future based on present impairment (unless my condition substantially deteriorates).
- If a student has received a Total and Permanent Disability discharge, the student must meet additional student eligibility criteria before receiving additional Title IV Loans or TEACH Grants. Please contact our office at 319-273-2700 if you have any questions.
- If a student has granted a Total and Permanent Disability discharge and it was granted on the basis of a physician's certification or documentation from the Social Security Administration (NSLDS Loan Status Codes "DI" or "DS"), the student is subject to a post-discharge monitoring period that starts on the date that the Department granted the discharge. During this period, the receipt of a new Title IV loan or TEACH Grant or a subsequent disbursement of a Title IV loan or TEACH Grant that was initially received before the date that the Department granted the discharge may cause the student's obligation to repay the Title IV loan or fulfil the TEACH Grant Service obligation to be reinstated.

(Signatures MUST BE Handwritten)

My signature below verifies my acceptance of these conditions.

_____ _____
Student Signature Date

Physician's Section-

I certify that the above named student is able to engage in "substantial gainful activity" which is defined as "a level of work performed for pay or profit that involves doing significant physical or mental activities, or a combination of both." Student will not be eligible for further Title IV loans or TEACH Grants unless they have their physician certify they can engage in "substantial gainful activity".

_____ _____
Signature of Certifying Physician Date

_____ _____
Physician's Printed Name Type of Doctor

**Students can contact the Department's Total and Permanent Disability Servicer at 1-888-303-7818. Students may also write to Nelnet, U.S. Department of Education, PO Box 87130 Lincoln, Nebraska 68501-7130 or by email at disabilityinformation@nelnet.net. Hours are Monday-Sunday 8:00a.m.-8:00p.m.

To Submit ANY Secure Documents, log into the Student's MyUNIverse and follow the instructions given in the Student's To-Do-List.